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ABSTRACT

This paper describes services provided to students with language disorder (grades K-12) in the Catholic Diocese of Parramatta (New South Wales, Australia). The Communication Program has provided itinerant services of communication specialists (speech pathologists and itinerant teachers) to more than 1,100 students with language disorders. Individual sections of the report discuss: the need for school-based communication services, the service delivery model used in the program (eligibility standards, assessment, the team approach, and the trend towards a consultative and collaborative model), the special issues and challenges of working with adolescents who have language disorders, and future directions including removal of the word "Disorder" from the program's original title. Contains 54 references. (DB)

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MEETING A NEED: A TRANSDISCIPLINARY, SCHOOL-BASED TEAM APPROACH TO WORKING WITH CHILDREN AND ADOLESCENTS WITH LANGUAGE DISORDERS

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ABSTRACT

Children and adolescents with language disorders are at significant social, academic and vocational risk, yet they remain a marginalised and inequitably funded group. The Catholic Education Office, Diocese of Parramatta, established its Communication Program in 1991 and has provided a service to over eleven hundred students with language disorders from Kindergarten to Year 12. Communication specialists (speech pathologists and itinerant teachers) work within the school context, focussing on oral language development, taking a holistic approach to assessment and intervention and promoting inclusive practises. Among the program's current directions is an examination of the challenges faced when providing services to secondary school students with language disorders.

INTRODUCTION

Throughout the 1990s increasing attention has been focussed by educationalists on the topic of inclusion. Inclusion is an issue which elicits from parents and educators strong responses based on personal beliefs, notions of moral and civic responsibility, perceptions of justice and equality and responses to research (Vaughn & Schumm, 1995). Although the path towards to a truly flexible and inclusive curriculum for all Australian students continues to be problematic (Giorcelli, 1996), there have been recent positive policy developments in this area including the Disability Discrimination Act (1992), Australia's recognition of the Salamanca Statement (UNESCO, 1994) and, in NSW, the commissioning of the McRae Report (McRae, 1996). Despite these developments, many students with special needs in NSW schools remain, for the most part, marginalised and inadequately served. This paper will focus on one such group of students: children and adolecents with language disorders.

Recognising that language disorders can negatively impact on the social, academic and vocational success of students and responding to the dearth of outside support services, the Catholic Education Office, Diocese of Parramatta established its Communication Program in 1991[1]. Over 1100 students (Kindergarten to Year 12) with language disorders have since received services through the program. Team members (speech pathologists and itinerant teachers) are communication specialists who work within the school context, focussing on oral language development and taking a holistic approach to assessment and intervention. This paper outlines how this unique and successful program has evolved in response to student and teacher needs, clinical observations and recent research. Particular attention is paid to the issues and challenges involved in the provision of services to adolescents with language disorders.

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[1] The program was originally known as the Communication Disorders Program. The reasons for the name change are discussed at the conclusion of this paper.

CONTEXT

The Catholic Education Office of the Diocese of Parramatta supports, develops and promotes a system of 51 primary and 21 secondary schools extending from Rydalmere in Sydney's western suburbs to Katoomba in the Blue Mountains. The approximately 37,000 students attending these schools are from a wide diversity of cultural, linguistic and socioeconomic backgrounds. Thirty-nine percent of students in the Parramatta Diocese come from homes where languages other than English are spoken. Arabic and Tagalog (Filipino) are the languages spoken at home by 10% and 7% of children attending diocesan schools, respectively.

The Communication Program, which operates within the Special Education Unit, is one of a number of itinerant support services developed to facilitate the inclusion of children who have special needs associated with sensory impairment, learning difficulty and/or challenging behaviours. The Communication Program is a Catholic Education Office system funded initiative.

THE STUDENTS

Over 1100 students (72% male, 28% female) have received services through the Communication Program since 1991. For a small proportion of those diagnosed by speech pathologists as having communication disorders, impaired fluency or speech-sound production has been the only significant problem. Where possible, such students are referred to Community Health Centres or private speech pathologists for therapy. The vast majority (93%) of those diagnosed had language disorders, with difficulties in the areas of discourse, metalinguistics, functional language, comprehension and production of linguistic features (including vocabulary), written language

and often nonverbal communication. Some 37% of students referred to the program were from homes where languages other than English were spoken, a figure which is in keeping with the overall proportion of NESB students attending diocesan schools.

The most common referral sources to the Communication Program are special educators, educational psychologists, paediatricians and outside speech pathologists.

LANGUAGE DISORDERS

Most learning is mediated by language, and most curriculum development and teaching within the school context proceeds on the assumption that students have the age-appropriate listening and speaking skills necessary to cope with the social and academic language demands that are placed upon them in school. A significant proportion of students, however, have language disorders which disadvantage them academically, socially and vocationally. This proportion has been estimated to range from 3% to 12% (Lahey, 1988). According to Milosky (1994), the terms *language learning disabled, language disordered* and *language impaired* all refer to children with specific and significant delays in expressive and/or receptive language, without sensory, cognitive, or emotional impairment.

Although the relationships between language disorder and reading difficulties is complex (Prior, 1996), language deficits are found in about 90% of students with learning disabilities (Gibbs & Cooper, 1989). Indeed, it has been proposed that, in many cases, dyslexia is best defined as a developmental language disorder (Kamhi & Catts, 1989). Such an expanded view of the language basis of reading disabilities acknowledges the role of higher level language functioning and phonological processing in reading development (Catts, 1996; Shaywitz, 1996).

The long term prospects faced by many individuals with language disorders include reading difficulties, behavioural problems (including truancy), relationship difficulties, underemployment and increased risk of psychiatric disorders (Felsenfeld, Broen & McGue, 1994; Mack & Warr-Leeper, 1992; Naylor, Staskowski, Kenney & King, 1994; Prizant, Audet, Burke, Hummel, Maher & Theadore, 1990; Tomblin, Freese & Records, 1992; Weller, Crelly, Watteyne & Herbert, 1992).

WHY THE NEED?

Lack of outside services

Despite the negative long term prospects discussed above, school-age children and adolescents with language disorders continue to have great difficulty accessing ongoing support services in western Sydney.

Waiting lists for speech pathology services at community health centres and hospitals are typically lengthy (often in excess of twelve months) and long term intervention is rarely offered (Western Sydney Area Health Service, 1996). Private speech pathology services, for many families living in Western Sydney, are not an option as the cost for many is prohibitive. Since 1968, New South Wales Department of School Education (DSE) Support Classes (Language) have been established in some primary schools in western Sydney to "provide for hearing students of average or better ability who have a marked disability in the understanding and/or use of language" (NSW DSE, Metropolitan West Region, 1989, Section 5.4.1) but entry into these classes is extremely competitive. In the DSE Metropolitan West Region of Sydney, there are currently only four Support Classes (Language) each catering for six to eight students within the age range of four years six months to eight years (NSW DSE, Metropolitan West Region, 1989). As Harasty & Reed (1994) noted "communicatively impaired mainstreamed primary school-aged children in Australia appear to have been relatively neglected" and the situation for adolescents with communication disorders, as discussed below, is significantly worse.

Funding inequities

While school-aged students with communication difficulties associated with intellectual disability, physical disability or sensory impairment receive Commonwealth Targeted Programs for Schools (formerly National Equity Programs for Schools) funding, those students with language disorders who do not have coexisting sensory, physical, emotional or intellectual disability do not receive such funding and hence receive little specialised assistance. The inequity here is obvious when we consider that students with language disorders are often observed by their teachers to experience greater difficulty coping with the social and academic communicative demands of school than their funded classmates.

Professional territoriality

In NSW, for historical and political reasons, most speech pathologists working with children who have language disorders are employed by the Department of Health and not by the Department of School Education. Although there have been recent interdepartmental projects developed, usually for the purpose of streamlining identification and referral procedures for primary school-aged children (eg Arthur, Butterfield & White, 1995; Short, Craig & Anderson, 1997), the opportunities for effective collaboration between state employed speech pathologists, teachers, and educational administrators, particularly in the area of curriculum development, are limited in NSW. Although misunderstandings about the respective roles of speech pathologists and teachers in the areas of language and literacy may hinder effective liaison between the professions (Moats & Lyon, 1996; Sanger, Hux & Griess, 1995), successful models of in-school collaboration between the professions have been documented overseas (Prelock, Miller & Reed, 1995; Wright, 1996).

SERVICE DELIVERY MODEL

The Communication Program utilises a flexible model of service delivery which operates within the context of each student's own school. Itinerant

communication specialists work collaboratively with school staff, other specialists and parents to address the student's needs. Aspects of the program's model of service delivery have changed over time, and these changes, discussed below, illustrate developments in philosphy and practice which have evolved in response to experience, research and demand.

Original eligibility criteria

Initially, a modified version of the DSE Support Class (Language) placement criteria (NSW Department of School Education, 1989) was used to determine students' eligibility for the Communication Program. The original criteria were: (1) the student has a severe communication disorder diagnosed by a speech pathologist; (2) the student does not have an intellectual disability as ascertained on appropriate tests which take into account the communication disorder; (3) the student attends or is intending to attend a Catholic school in the Parramatta Diocese (the upper age limit, usually eight years in the DSE criteria, was broadened to include school age children of any age attending a diocesan school); (4) the student may exhibit other associated disabilities but not to such an extent as to preclude him or her from placement in a regular class; (5) the prognosis for speech and language improvement is considered good.

Changes to the eligibility criteria

Three changes have been made to the original eligibility criteria. Firstly, less weight is now placed on standardised speech pathology and psychometric test results when determining eligibility. This is in response to research findings (eg Cole, Mills & Kelley, 1994; Fletcher, 1992; Francis, Fletcher, Shaywitz, Shaywitz & Rourke, 1996; Lahey, 1990;) and our clinical observations questioning the use of cognitive referencing (eg Verbal IQ vs Performance IQ discrepancy) in measuring and defining language disability. Similarly, serious questions have been raised about the validity of using foreign normed tests on Australian students (Hand & Reed, 1994) particularly those for whom English is another language.

A second change to the eligibility criteria for intervention came in response to requests from teachers of students with intellectual disabilities. These students can now access additional services through the Communication Program. This demand for greater inservicing and programming guidance by teachers of students with mild intellectual disability in our diocesan schools is in keeping with trends observed in DSE schools (Conway, Robinson, Foreman & Dempsey, 1996).

Thirdly, a 'good' prognosis is no longer an eligibility criterion. It is clear from recent research that language disorders are typically chronic, though their nature, severity and symptoms may change over time (Bashir, 1989; Bashir & Scavuzzo, 1992; Reed, 1994). Many students who were discharged from the Communication Program having made early gains in language areas such as phonology and syntax, were later found to have significant difficulty coping with the increasing academic and social language demands of upper primary and high school. A 'good' prognosis also implies an expectation of change within the child, without reference to the communicative environment of which he or she is part. Where communication difficulties are chronic, a more 'ecological' approach is essential in order to: (1) increase students' participation across communicative environments; (2) advocate effectively for students; (3) ensure that teacher expectations are based on an understanding of the student's strengths as well as weaknesses; and (4) to accommodate students across all Key Learning Areas. The student's communication *needs* rather than their *deficits* are the focus of intervention.

The original service delivery model

When planning commenced in 1990, existing models of service delivery were evaluated in terms of their capacity to meet the needs of students in the Diocese. Segregated classes for students whose sole disability is language disorder were ruled out on the basis that they are counter-inclusive. Further,

such classes typically aim to address the needs of younger school-aged children but do not cater for older children and adolescents. A model already existed within the Diocese for providing itinerant services to students with vision and hearing impairments and this model was adapted for the new Communication Program. Students accepted into the Program remained in their regular classes and received additional, individualised support from an itinerant teacher. When the program first started in 1991, 1:1 withdrawal was the main means of service delivery, together with regular contact with classroom teachers and parents.

Development of the service delivery model

Over the years the Communication Program has moved towards using a more consultative and collaborative model of service delivery. This development was stimulated by research and teacher feedback demonstrating the efficacy of collaboration and consultation (Brandel, 1992; Ferguson, 1992; Prelock, Miller & Reed, 1995). Classroom teachers have become more familiar with, and confident in, a collaborative approach. The demand for Program services continues to increase in response to inservicing and professional development days run by team members, publications and personal contacts. The chronic nature of many language disorders (Bashir & Scavuzzo, 1992; Felsenfeld, Broen & McGue, 1994) also puts pressure on the resources of the program, as students may need ongoing support, at different levels of intensity, throughout their schooling. Collaboration provides an effective way to respond to on-going needs.

School administrators actively support the Program by providing teachers with release time for collaboration and consultation with team members, and attendance at professional development activities.

The team

There can be little doubt of the value of teachers and speech language therapists combining their expertise when working together for children with communication problems (Kersner, 1996).

A transdisciplinary team of five school communication specialists presently staff the Communication Program - the program coordinator, who is a qualified teacher and speech pathologist, and four itinerant teachers with varied backgrounds in special and regular education and particular expertise the area of language. It is recognised that no single profession has a monopoly on language intervention: teachers and speech pathologists within the team share skills and implement goals and strategies that have been jointly developed. This is reflected in the recent NSW Board of Studies interim support documents, *English K-6 Literacy* (NSW DSE, 1997) and *English Key Learning Area Communication* (NSW DSE, 1997) which were developed to assist teachers in programming for students with learning difficulties and high support needs, respectively.

Assessment

We draw heavily on the comprehensive/holistic models of assessment developed by Damico (1993) and Larson & McKinley (1987, 1995) when evaluating students' communication skills within and across a range of settings (conversational and academic) using both formal and informal assessment tools and observations. This type of assessment process, which is "functional, descriptive, authentic, dynamic, student centred, and multidimentional" (Larson & McKinley, 1995, p.82), aims to determine whether a student's communication difficulties are due to factors extrinsic and/or intrinsic to the student (Damico, 1993). We have found this approach particularly useful when working with (1) students from culturally and linguistically diverse backgrounds where the issue may be *language difference* rather than *language disorder* and (2) students with impaired

social language skills who score relatively well on formal language tests (eg some children with Asperger's Syndrome).

Intervention

Direct and indirect (ie not face-to-face with student) intervention services are offered. Team members:

1. Inservice teachers about typical and atypical communication development in children and adolescents. The nature and implications of language disorders are discussed;
2. Participate in the transition process for students who have communication disorders (eg providing information relevant to students' School Certificate and Higher School Certificate pathway options, work experience choices etc);
3. Collaborate and consult with teachers, parents and other professionals to develop and implement individual programs which dovetail with class programs and syllabus documents.
4. Team teach with regular classroom teachers;
5. Work with parents to develop goals and strategies which are suitable for implementation at home and sensitive to the family's values;
6. Liaise with outside agencies involved with the student;
7. Suggest to teachers ways in which they can modify their oral language style and assessment tasks to accommodate students with language disorders;
8. Participate in special education reviews and school special needs committees;
9. Target functional (eg survival and consumer language) as well as academic language skills;
10. Liaise with preschool or childcare staff, where a child known to have a language disorder will be entering Kindergarten, and participating in the transition process.

Flexibility is critical to the effectiveness of the Communication Program. Assessment and intervention efforts may, for example, be focused on the playground or the home rather than on academic skills *per se*. When students' academic language development is the main concern, however, the involvement of teachers across all curriculum areas is encouraged. Sporting activities, for example, offer a variety of opportunities for naturalistic intervention if, for example, 'following oral directions' is a language area targeted for development. Modes of intervention are reviewed and adapted in response to changes in individual needs.

ADOLESCENTS WITH LANGUAGE DISORDERS: ISSUES & CHALLENGES

Many adolescents with communication disorders remain undetected, unserved, and thus unable to realise their complete human potential (Larson & McKinley, 1995).

Most of the literature concerned with the plight of adolescents with language learning disabilities emanates from the United States where school-based services to students are guaranteed by federal law (PL 94-142 and its revisions under the Individuals with Disabilities Education Act) and where, it is arguable, the popular culture values oral language skills even more highly than is the case in Australia. Yet even in the United States, adolescents who have language learning disabilities remain a poorly serviced group (Larson & McKinley, 1995). The situation for such students in Australia is worse. The reasons proposed to account for this neglect include the following: (1) agencies with limited funding tend to prioritise early intervention services; (2) teachers tend to assume that all students have mastered the basic skills of speaking, listening and thinking by the time they reach secondary school; (3) language disorder is an *invisible disability*: there are no outward signs which call attention to the students; (4) students labelled as 'language disordered' in primary schools are often relabelled as 'learning' or 'reading' disabled, reflecting the greater emphasis placed on written language in secondary schools; (5) there is a lack of diagnostic tools

or normative data available for use in secondary schools and standardised tests for use with Australian adolescents; and (6) inadequate diagnosis or misidentification: for example, students may be identified as having behaviour problems or poor attending skills, without recognition of contributing language disorders (Bashir, 1989; Ehren, 1994; Hand & Reed, 1994; Patchell & Hand, 1993; Reed, 1994).

Even when direct language intervention services are available to students in secondary schools, their delivery is often problematic. Up to a dozen teachers may be placing varying language demands on each student, thus complicating the collaboration process. Timetables are usually complex and often inflexible, making it difficult to schedule visits from outside speech pathologists and specialist teachers. Many adolescent students resist being withdrawn from regular lessons, particularly if they receive no credit for the work completed in sessions yet are expected to catch up on classwork missed. For these reasons many US service delivery models for adolescents with language disorders involve 'courses for credit' where small group intervention sessions focussing on communication skill development are formally included in the school's curriculum (Anderson & Nelson, 1988; Buttrill, Niizawa, Biemar, Takahashi & Hearn, 1989; Ehren, 1994; Larson & McKinley, 1987, 1995; Work, Cline, Ehren, Keiser & Wujek, 1993). The benefit of this style of intervention format is that "students' efforts are recognised, intervention is not viewed as penalising or stigmatising, and functional communication strategies can be learned and practised in interactive situations" (Reed, 1994, p.357).

Current NSW Department of School Education Board of Studies requirements prevent the development of communication skill 'courses for credit' *per se* . Although syllabus documents do specify aims related to oral communication skills, the reality is that secondary schools are not ideal places for students with language disorders to develop the basic speaking and listening skills required for vocational and social success. Teachers, pressured by curricular demands and the culture of schooling, often direct

their efforts towards remediating students' reading difficulties without attention to the oral language deficits which often accompany or underpin written language problems.

From our experience, school administrators recognise the need for formal communication skill courses in terms of curricular demands, employer expectations and increasing post-compulsory school retention rates.

Although Australian authors have raised concerns and suggested indirect intervention practices for teachers of adolescents who have language disorders (Brent, Gough & Robinson, 1990; Patchell & Hand, 1993), plans to formally incorporate language intervention programs into Australian secondary curricula are at an early stage.

The transitions from primary into secondary school and, later, secondary school into the workplace are critical times in the lives of students with language disorders (Tattershall, 1994; Weller et al, 1992). It is at these times that the Communication Program is currently focussing its assessment and intervention services. A pilot program involving a 'course for credit' and a teacher inservicing package is currently being developed for trial in one of our secondary schools. If effective, this may provide a model for future services to adolescents with language disorders.

FUTURE DIRECTIONS

Prior to 1997 the Communication Program was known as the Communication Disorders Program. The reasons for this name change reflect the directions in which the program is moving. Removing the term 'disorder': (1) serves to emphasise the communicative potential of students rather than their deficits; (2) implies that the team is available to consult on typical as well as disordered communication and on matters of *language*

difference rather than *language disorder* (particularly pertinent when working with students from linguistically or culturally diverse backgrounds); (3) causes less alarm to parents; (4) decreases the risk of labelling students, with consequent lowering of teacher expectations; and (5) acknowledges that the problem does not reside wholly within the student: rather, the *environment* (eg teacher talk, curricular demands) can be modified to support and extend the student's skills.

Given the negative social, academic and vocational prospects they face, students with language disorders remain, for the most part, an inequitably funded and marginalised group. The purpose of this article was to report on the continuing evolution and success of one transdisciplinary, school-based program developed to meet the needs of such students. Articles such as ours often end with a call for further research. We, however, ask that priority be given to the application of current research findings. This will require increased funding at both State and Federal levels, and the promotion of further transdisciplinary ventures (particularly between speech pathologists and educators) if the goal of a truly inclusive curriculum for all Australian students is to be reached.

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